

785249

From: siracusa@publicinteractive.com
To: Young, Beverly <NHTSA>, Jimenez, Alberto <NHTSA>, Chiang, George <NHTSA>
Date: 2/2/01 11:46PM
Subject: Car Talk VOQ submission

* This data was submitted via a fill-in form at the Cartalk web site
* (<http://www.cartalk.cars.com/Tools/nhtsa.pl>) If you have any problems
* or suggestions regarding the format of this submission, send email
* to webmaster@cartalk.com

SUBMISSION DATE: Friday, February 2nd 2001 at 11:46:30 PM

VEHICLE OWNER'S QUESTIONNAIRE
=====

OWNER INFORMATION

NA
ADD
TELE

NHTSA authorized to send a copy of this report to the manufacturer: No

VEHICLE INFORMATION

VIN:
MAKE: Chrysler
MODEL: sebring conv.
YEAR: 1997

ODOMETER: 48.000
PURCHASE DATE: NEW OR USED: Used

DEALER NAME: Chrysler / Plymouth
ADDRESS: Pleasanton, ca -

ENGINE SIZE:
CYLINDERS:

FUEL INJECTION: Yes
TURBO: No
FUEL TYPE:
ANTILOCK BRAKES: Yes
CRUISE CONTROL: Yes
DRIVETRAIN: Front

DRIVER AIRBAG: Yes
PASSENGER AIRBAG: Yes
3-POINT BELT: No
MOTOR BELT: No
2-POINT BELT: No
BODY STYLE: Other

FAILED COMPONENT(S)/PART(S) INFORMATION

COMPONENT: Conv, top - Hydraulic lift broke,
causing battery and starter to
fail. No warranty coverage given.

PART NAME(S):

LOCATION:

NUMBER OF FAILURES:

DATE(S) OF FAILURES: December 1999

MILEAGE AT FAILURE(S): 48,000

SPEED AT FAILURE(S): stopped

MANUFACTURER CONTACTED: Yes

NHTSA CONTACTED: No

APPLICABLE ACCIDENT INFORMATION

ACCIDENT: Yes
FIRE: No

NUMBER OF PERSONS INJURED: 1
NUMBER OF FATALITIES: 0
ESTIMATED PROPERTY DAMAGE: \$0.

DRIVER AIRBAG DEPLOYED: No
PASSENGER AIRBAG DEPLOYED: No

REPORTED TO POLICE: No

INFORMATION ON TIRE FAILURE(S) (IF APPLICABLE)

DOT NUMBER: DOT
TIRE MANUFACTURER:
TIRE NAME:
TIRE SIZE:

ADDITIONAL COMMENTS

This Chrysler was in the shop for a total of 3 months, for very noisey brakes, a leak in the drivers side of the roof, and to have the entire hydrolic system replaced as the conv. top would not go up nor down. The car had to be towed to the dealer at one point as the faulty hydrolic rail had also put out the starter and the battery. \$1000 was paid as none except the battery were covered under the warrantee. (I had, had the car for two years. I called the 800 chrysler # for support. Got none. He told "me that I should never buy a used car" (direct quote!) The brakes were never fixed. I was told that this model has that problem. The leak was still a problem and I was told to bring it in again. The service manager was very kind in telling me to bring in my vehicle when convenient for me as they would not replace it with another!!

Two weeks ago between, glancing at the backseat and not see clearly out of the left side of the drivers window, on a icy morning, I ran into a cement bottom of a light pole in the church parking lot, at approx. 10 miles an hour. It totaled my car! The air bags did not inflate. I mainly hit in the center left portion of the car. thanks for listening

END OF FORM



U.S. Department
of Transportation
**National Highway
Traffic Safety
Administration**

Auto Safety Hotline

Vehicle Owner's Questionnaire

**NATIONWIDE 1-800-424-9393
DC METRO AREA (202) 366-0123
INTERNET: <http://www.nhtsa.dot.gov>**

FOR AGENCY USE ONLY 778

Date Received

02-FEB-2001

Ord. or
rt. dt
pd. rt
rp. ltr

Reference No.

785249

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? YES NO
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of windshield or driver's side)</small>	Vehicle Make CHRYSLER	Vehicle Model SEBRING	Vehicle Year 1997	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 12110000	Part Name(s) INTERIOR SYSTEMS:PASSIVE RESTRAINT:AIR BAG	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Date(s) of Failure(s) 01-DEC-1999 Mileage at Failure(s) 48000 10	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies) on the back of this form)

Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured 1	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING APPROXIMATELY 10 MPH IN ICY CONDITIONS, CONSUMER RAN INTO A CEMENT BOTTOM OF A LIGHT POLE IN A PARKING LOT, CONSUMER STATES VEHICLE IS TOTALED AND THE AIRBAGS EXPERIENCED NO DEPLOYMENT, ONE PERSON WAS INJURED IN ACCIDENT. *SLC

CONTINUE ON REVERSE

The Privacy Act of 1974-Public Law 93-579 This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your response may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.



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Signature of Owner _____ Date ____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN) <small>(Location at bottom of windshield and driver's side door)</small>	Vehicle Make CHRYSLER	Vehicle Model SEBRING	Vehicle Year 1997	Current Odometer Reading		
Purchase Date <input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio		
Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Motorbelt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> 2-Point Bel <input type="checkbox"/> Passengerside Airbag	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input checked="" type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Sport Util <input type="checkbox"/> Van <input type="checkbox"/> Truck <input type="checkbox"/> Minivan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other _____	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input type="checkbox"/> Other _____

FAILED COMPONENT(S)/PART(S) INFORMATION

Component 03200000	Part Name(s) BRAKES:HYDRAULIC SYSTEM	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Date(s) of Failure(s) 01-DEC-1999 Mileage at Failure(s) 48000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

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Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

VEHICLE'S BRAKES WERE NOISY AND WAS IN THE SHOP FOR 3 MONTHS, HOWEVER BRAKES STILL NEVER WERE FIXED. *SLC

CONTINUE ON REVERSE

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Purchase Date <input type="checkbox"/> New <input type="checkbox"/> Used	Dealer's Name _____ City _____ State _____ Zip Code _____		Engine Size (CID/CC/L) _____ No. Cylinders _____	<input type="checkbox"/> Turbo <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Fuel Injectio		
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FAILED COMPONENT(S)/PART(S) INFORMATION

Component 13432000 13433000	Part Name(s) STRUCTURE:BODY ROOF STRUCTURE:BODY ROOF:CONVERTIBLE TOP	Location <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Front <input type="checkbox"/> Rear	Failed Part's <input type="checkbox"/> Original <input type="checkbox"/> Replacement
No. of Failure 1	Date(s) of Failure(s) 01-DEC-1999 Mileage at Failure(s) 48000	Failed Part(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	NHTSA Previously <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION INCIDENT INFORMATION

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Crash <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Persons Injured	Number of Fatalities	Estimated Property Damag	Reported to Police <input type="checkbox"/> Yes <input type="checkbox"/> No
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NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

THERE IS A LEAK ON THE DRIVER'S SIDE OF THE ROOF, CONSUMER STATES THE CONVERTIBLE TOP WOULD NOT GO UP OR DOWN, HYDRAULIC SYSTEM HAD TO BE REPLACED, STARTER AND BATTERY FAILED DUE TO THE FAULTY HYDRAULIC RAIL. *SLC

COPIES OF THIS FORM ARE:

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